S E N I O R S

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SEXUALITY IN LATER LIFE

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SEXUALITY IN LATER LIFE

Sexuality is an important part of one's personality from birth to death. The infant is developing its ability to relate and to respond to another human being, to feel pleasure and to give pleasure. The older person has a lifetime of experiences which influence how he or she deals with sexual feelings.

In past generations life was shorter. Most did not reach a very old age. In addition, during the Victorian age sex was a taboo subject. Any reference to sex was related to the goal of having children. Sex as an important part of life's pleasures was not popularly recognized. Today, we know that healthy sexuality is closely linked to one's general sense of satisfaction and well-being.

Sexuality involves the need to give and receive love both physically, emotionally and spiritually. It involves how people feel about themselves as males and females. Sexuality is not limited to sexual intercourse or masturbation, but also includes the need to feel attractive and to touch and to be touched.

Although sexual activity can positively affect one's sense of well-being and can bring joy to life, a large number of older people have unresolved problems in this area. A good number come to professionals for help but many do not; they either feel that sex is for the young or they are embarrassed to discuss such problems, or feel that there is no solution.

In fact, in the last decades, researchers have found that people can, and often do, continue to enjoy sexual activity, including intercourse, even into their nineties.

Changes do occur in both women and men as they get older. People should be knowledgeable about these changes so that there are no misunderstandings, and also so that older people know how to deal with these changes.

Changes in Women--Menopause can occur between the ages of 35 to 60 but generally occurs between ages 45 to 50. The ovaries stop functioning, and there are no more menstrual periods or pregnancies. The hormone estrogen is

decreased, and this affects the lips and lining of the vagina; the vagina becomes thinner and shorter. The glands are slower in releasing lubricating fluid. Dryness can cause itching, burning and cracking in the vagina and intercourse can become painful. Bladder infection is a common complaint.

These symptoms can be prevented or helped by estrogen replacement therapy or by using a water-soluble lubrication. (K.Y. jelly can be bought in the drug store without a prescription.) Vaseline should not be used as it is not water soluble and can lead to infection from bacteria. Bladder infections can be avoided by emptying the bladder before and after intercourse and keeping the sexual organs clean.

Studies show that women with a history of regular sexual activity (2-3 times per week) do not experience lubrication problems. This and regularly exercising the vaginal muscles preserve the shape of the vagina and sexual ability. Even self-stimulation can keep the sexual organs from deteriorating.

Some women experience orgasms for the first time during menopause. This could be due to the fact that they are no longer afraid of conceiving; they perhaps have more leisure time and less fear of interruption. It could also be due to the fact that their partners can wait longer before needing to ejaculate.

There are many myths about menopause (loss of femininity, insanity, loss of desire, depression). In fact, most women experience very few physical problems but, because of their expectations, there can be psychological problems. Sixty percent of all women experience no remarkable symptoms and most of the others have minimal complaints. Hormone imbalance sometimes causes hot flashes, headaches, neckaches, excessive fatigue, and emotional instability. Life stresses can bring on symptoms and make them worse.

Changes in Men--As men age, they generally find that they have better control of the need to ejaculate than they had in their youth. This is partially due to a decrease in seminal fluid. However, fertility does not stop and can continue into their 90s. The ability to delay ejaculation can be an advantage when the couples wish to prolong lovemaking.

The time between ejaculation and the next erection may take 8-24 hours. Whereas young men frequently can have an erection within seconds of being sexually stimulated, older men may take minutes and often need more direct stimulation. The erection is not quite as firm as when the man was younger. Even without erection, a male can have an orgasm and can ejaculate.

All men experience failure to have an erection at some time. Such an incident can cause panic and be seen as proof of deterioration. Impotence is not part of the normal aging process. An old man who is healthy and sexually active (with intercourse or self-stimulation) can continue to be sexually active. The two phrases popular in the literature on aging are, "Use it or lose it," and "Don't worry, don't hurry."

Impotency can be caused by poor health, some kinds of medication, disease, too much alcohol, some kinds of surgery, boredom, fatigue, emotional stress, psychological factors, fear of death, long stretches without sexual activity, and most of all--fear of failure.

Sources of Sexual Problems in the Older Population

Our Society--Whereas in some societies the wisdom and experience of the aged are respected and honoured, it is not uncommon for old people here to be the butts of jokes--especially jokes about senility and sexual ability. We begin to believe the jokes.

Marriage or remarriage for women is often improbable because there are fewer older men than women--more men die at a younger age and men who remarry often choose much younger wives; it is still not as acceptable for a woman to have a relationship with a younger man.

Our society has also not come to terms with homosexuality; an older person who is interested in sex and is also a homosexual is doubly threatening.

And, finally, our society does not provide the information that is relevant to sexual needs--especially with regard to late life.

Health Factors--Health is an important factor with regard to sexual desire and ability. Between 30-60 percent of all diabetic males lose potency (because of the disease, the medication, or the associated marital difficulties). Sometimes impotence which results from poorly controlled diabetes can disappear once control is established. It is not known what effect diabetes has on women's sexual desire.

There is evidence that sexual activity is helpful for arthritics--probably because the adrenal gland produces cortisone as well as a reduction in tension and the benefit of exercise.

Prostatectomy is common in older men and 70 percent remain potent. The depressant effect of alcohol often increases with age--it depresses the nerve centres which are involved in sexual response. Many drugs can lead to impotency (such as anti-hypertensives for high blood pressure; regular use of sedatives, sleeping pills, morphine and heroin).

Older people tire more easily; intercourse in the mornings or after a nap might be better. Too much weight might make intercourse difficult.

Fear of death affects sexuality. Victims of heart disease or stroke worry about resuming sexual activity. In fact, it is estimated that one percent of sudden coronary deaths occur during intercourse and usually there is some additional stress factor involved. Two doctors in the U.S. have developed a "sexercises" test to determine when it is safe to resume sexual activity after a heart attack. The oxygen cost of intercourse is equal to that of climbing a flight of stairs. Anxiety and tension caused by restricting sex can be more harmful than the risk of participation.

Physical health is an important influencing factor on sexual ability and preventive measures include exercise, rest, proper nutrition, and regular medical examinations.

Emotional Factors--Impotence or decreased desire is often a first sign of depression--and may be caused by upsetting events such as the death of a loved one, retirement, marital conflict or too much stress or worry.

Some women welcome menopause as an excuse to end an unrewarding experience. Vaginismus (a tightening of vaginal muscles) can make intercourse difficult and is frequently psychological. In the same way, impotence in men is a way of angrily rejecting women. Shame or guilt can often interfere with sexual function.

The Mate--An interested and interesting partner can make a difference in sexual enjoyment. Often a couple gets into a sexual routine with little variety and lots of boredom. Couples need to explore new ways to show their affection and concern for each other. Too often sex is used to punish or control the partner. Unresponsive women can threaten men--they can make a temporary potency problem more severe. With retirement and more time together, couples may find that they irritate each other more.

Sexual adjustments after age 60 require a lot of patience and intelligence. Partners need to be aware of factors such as fatigue, frustrations, health problems and expectations of the other person. As in earlier years, personal hygiene is important. The roles of the older man and woman can change with retirement, with the children leaving home and with illness.

Physical appearance is always changing and the ability to adapt to the changes in oneself and in the loved one requires maturity. Age has a different kind of beauty than youth.

Children--Even adult children often have a difficult time accepting that their parents have sexual needs. Parents who live with adult children may experience a loss of privacy. Children can be highly critical of a parent's remarriage. They sometimes feel that the remarriage is evidence of disloyalty to the lost parent. Sometimes jealousy or monetary reasons play a part.

In all ages, some form of skin contact is essential to good health. Old people need to be hugged, kissed, caressed, and they need to be able to touch others.